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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: National Institute of Mediation Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: John Philip Cohen
Name (Printed or typed)

1530 Wilderness Road
Address

West Palm beach, Fl., 33409
City, State & Zip

561 317 7579
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

National Institute of Mediation Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1530 Wilderness Road, West Palm Beach, Florida, 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teach dispute resolution skills: Offer mediation services: Develop high standards for mediators: Identify and codify best practices in mediation.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Philip Cohen, 1530 Wilderness Road, West Palm Beach, Florida, 33409
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Philip Cohen, 1530 Wilderness Road, West Palm Beach, Florida, 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Philip Cohen, 1530 Wilderness Road, West Palm Beach, Florida, 33409

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

JUN 27 2008
Date

JUN 27 2008
Date

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TALLAHASSEE, FLORIDA